CLAIMS ONLY

Application Number	Filing Date
10/[illegible]	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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28						
29						
30						
31						
32						
33						
34						
35						
36	1					
37	1					
38	1					
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	0					
Total Claims	3					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						